DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

(37 CFR 1.63)

Declaration □ Declaration
Submitted Submitted After Initial
With Initial Filing (surcharge
Filing (37 CFR 1.16(a))
required

Attorney Docket No.: HPI2590P0240US

First Named Inventor: Michael Jaron et al.

COMPLETE IF KNOWN

Application Number: Not Yet Assigned

Filing Date:

Group Art Unit: Not Yet Assigned

Examiner Name: Not Yet Assigned

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **STORAGE CONTAINER FOR A WREATH**, the specification of which:

; or
; or

was filed on	as Application Serial No.	and was amended on
(if applicable).		

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign	Country	Foreign Filing Date Priority Not	Priority Not	Certified Copy	Attached?
Application Numbers		tion Numbers (MM/DD/YYY) Claimed	YES	NO	
			0		
				О	
				0	

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit of any United States application(s) listed below.

Application Number(s)	Filing Date			Additional amplication numbers are listed
-			Additional application numbers are listed on a supplemental priority data sheet attached hereto.	

The undersigned hereby authorizes the U.S. attorney(s) or agent(s) named herein to accept and follow instructions from the assignee, if any, of the undersigned or from as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) or agent(s) and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney(s) or agent(s) named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered practitioner(s) identified by Customer No. 32116 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, whose firm name, mailing address, telephone number, and facsimile number for this application are:

WOOD, PHILLIPS, KATZ, CLARK & MORTIMER

Citicorp Center, Suite 3800 500 West Madison Street Chicago, Illinois 60661-2511 (312) 876-1800 (phone) (312) 876-2020 (facsimile)

Customer Number (32116) and/or Bar Code Label:

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	Michael Jaron		
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Post Office Address (if different):			
Signature:	Date:		
☐ A petition has been filed for this unsigned inventor.			

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Citizenship:			
Residence:			
Post Office Address (if different):			
Signature:		Date:	
□ A petition has been filed for this unsigned inventor.			
Name of Additional Inventor, if any:			
Citizenship:			
Residence:			
Post Office Address (if different):			
Signature:		Date:	
☐ A petition has been filed for this unsigned	d inventor.		